# Inpatient Urinary Tract Infection (UTI-I) Episode Executive Summary

## **Episode Design**

- Trigger: UTI diagnosis
- **Quarterback type:** facility (UTI treatment site)
- Care included: all UTI-related care including anesthesia, imaging and testing, evaluation and management, and medications

### **Sources of Value**

- Effective use of imaging and testing (e.g., only necessary lab tests or CT scans)
- Appropriate and cost-effective selection of antibiotics, dosage, and length of treatment (e.g., select antibiotics based on empirical evidence and lab test results)
- Appropriate site of care and length of stay
- Patient education (e.g., how to avoid potential reinfection)
- Appropriate follow-up care
- Reduction of complications (e.g., reinfections, septicemia, readmissions)

## **Episode Duration**

**Pre-Trigger** 

**Trigger** 

**Post-Trigger** 

No pre-trigger window

Duration of the episodetriggering visit or stay 30 days, beginning after triggering visit or stay

## **Quality Metrics**

#### **Tied to Gain-Sharing**

 Follow-up care within the post-trigger window (higher rate is better)

### **Informational Only**

- Follow-up care within the first seven days of posttrigger window
- Emergency department visit within the post-trigger window
- · Admission within the post-trigger window
- Follow-up visit versus relevant emergency department visit
- Pseudomembranous colitis within the post-trigger window

## **Making Fair Comparisons**

#### **Exclusions**

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., coma, cystic fibrosis, end stage renal disease, multiple sclerosis, organ transplant, Parkinson's, sickle cell disease, active cancer management, DCS custody)
- Patient exclusions: age (less than 1 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <a href="https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html">https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html</a>.

